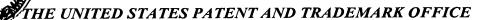
Atty. Dkt. No 030231-0155



Applicant:

Amnon SINTOV, et al.

Title:

TRANSDERMAL DRUG

**DELIVERY SYSTEM** 

Appl. No.:

10/517,844

International

6/16/2003

Filing Date:

371(c) Date:

12/15/2004

Examiner:

Hasan AHMED

Art Unit:

1615

Confirmation

9004

Number:

## AMENDMENT TRANSMITTAL

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [X] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.
- [ ] Assertion of Small Entity status is enclosed.
- [X] The fee required for additional claims is calculated below:

Claims		Extra		
As	Previously	Claims		Additional
Amended	Paid For	Present	Rate	Claims Fee
12	- 20	= 0	x \$50.00	= \$0.00

Inde	pendent	3	- 3	= 0	х	\$200.00	=	\$0.00
Clai	ms:							
First presentation of any Multiple Dependent Claims:  CLAIMS FEE TOTAL						\$360.00	=	\$0.00
							=	\$0.00
$\overline{[X]}$	] Applica	nt hereby	petitions for an ex	tension of time un	der 37 C.1	F.R. §1.13	6(a)	for the
total	l number of	months c	hecked below:					
[ ]	] Extension for response filed within the first month:					\$120.00		\$0.00
[ X ]	Extension	for respon	nse filed within the	e second month:	\$450	0.00		\$450.00
[ ]	Extension	for respon	nse filed within the	third month:	\$1,0	20.00		\$0.00
[ ]	Extension	for respon	nse filed within the	e fourth month:	\$1,5	90.00		\$0.00
 [ ]	Extension for response filed within the fifth month:					\$2,160.00		\$0.00
	EXTENSI	ON FEE	ΓΟΤΑL:	•				\$450.00
[ ]	Statutory	Disclaime	er Fee under 37 C.I	F.R. 1.20(d):	\$130	0.00		\$0.00
	CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:						\$450.00	
[X]								\$225.00
•	Extension Fees Previously Paid:						\$0.00	
	TOTAL F		<u> </u>					\$225.00

A credit card payment form in the amount of \$225.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

By Dunin Prit Ry No 59, 349

Attorney for Applicant

Registration No. 35,792

Date 7/13/27

Richard C. Peet

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